

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DESIGNS FOR NON-CONTACT LASER CAPTURE MICRODISSECTION the specification of which X is attached hereto or _ was filed on _ as Application No. _ and was amended on _ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign applications(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
			Yes No
			Yes No

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/111,662	12/10/98

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status		
		Patented	Pending	Abandoned
		Patented	Pending	Abandoned
		Patented	Pending	Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) of the Government of the United States of America as represented by the Secretary of the Department of Health and Human Services, Office of Technology Transfer, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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Send Correspondence to Appointed Associate Attorney or Agent Address: William Michael Hynes, Esq. TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, 8th Floor San Francisco, CA 94111-3834	Direct Telephone Calls and Facsimiles to Appointed Associate Attorney or Agent: Name: William Michael Hynes, Esq. Reg. No. 24,168 Telephone: 576-0200 Fax: 415/576-0300
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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, Section 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1 Robert F. Bonner	Signature of Inventor 2 Seth R. Goldstein	Signature of Inventor 3 Paul D. Smith
Date	Date	Date
Signature of Inventor 4 Thomas Pohida	Signature of Inventor 5	Signature of Inventor 6
Date	Date	Date
Signature of Inventor 7		
Date		

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Robert F. Bonner et al.

Serial No.: not assigned

Filed: 12/6/99

For: DESIGNS FOR NON-CONTACT
LASER CAPTURE MICRODISSECTION

Assistant Commissioner for Patents

Washington, D.C. 20231

Sir:

Under 37 CFR §1.34(b) and MPEP 402.02, the undersigned principal attorney or agent of record hereby appoints the following representatives from the law firm of TOWNSEND and TOWNSEND and CREW LLP, Two Embarcadero Center, 8th Floor, San Francisco, California 94111-3834, telephone: (415) 576-0200, as associate attorneys and/or patent agents in this application with full powers to prosecute this case and to transact all business in the Patent and

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Dated: _____

Respectfully submitted,

United States Department of Health and Human
Services

By _____

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